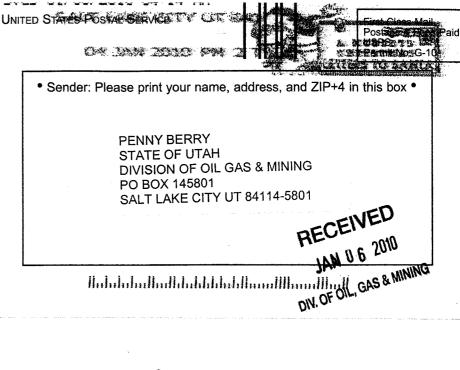
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
CERBER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X	
1. Article Addressed to:	D. Is defivery address different from item 1?	
REX WINGLE DAVIES, WINGLE & DAVIES INC 2159 N 700 W		
CLINTON UT 84015	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
PB 12/29/09 S0230091	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7003 226	0 0002 0247 8997	
PS Form 3811, August 2001 Domestic Retu	Im Receipt 100505 of Moreos	

7 8997	(Domestic Mail O	MAIL _{III} REC	Coverage Provided)
247	YB 12/29	<u>/09 502</u>	30091
	Postage	\$	Escalation
2000	Certified Fee		_
=	Return Reciept Fee Endorsement Required)		Postmark Here
260	Restricted Delivery Fee Endorsement Required)		
rū m	Total Post REX W	/INGLE	
Sent To DAVIES, WINGLE & DAVIES INC			
Street, Apt. 2159 N 700 W			
L	or PO Box CLINT(City, State,	ON UT 84015	
	PS Form 3800, June 200)2	See Reverse for Instructions



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5/023/0091 000